

PROJECT 10073 RECORD

1. DATE - TIME GROUP 12 January 1969	12/1800 13/0100Z	2. LOCATION Garwood, New Jersey
3. SOURCE Civilian	10. CONCLUSION UNRELIABLE REPORT	
4. NUMBER OF OBJECTS Two	Observer also has sightings for 30 October 1967 and 6 November 1967.	
5. LENGTH OF OBSERVATION 5 Minutes	11. BRIEF SUMMARY AND ANALYSIS See Case	
6. TYPE OF OBSERVATION Ground-Visual		
7. COURSE See Case		
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

FORM
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?	2. Time of day: <u>6</u> <u>00</u> Hour Minutes
<u>12</u> Day <u>1</u> Month <u>69</u> Year	(Circle One): <u>A.M.</u> or <u>P.M.</u>
3. Time Zone: (Circle One): a. Eastern b. Central c. Mountain d. Pacific e. Other <u>Standard</u>	(Circle One): <u>b.</u> Daylight Saving Standard
4. Where were you when you saw the object? <u>25,000 ft. 20° N. Lat. 100° W. Long.</u> Nearest Postal Address: _____ State or County: _____	
5. How long was object in sight? (Total Duration) <u>0</u> <u>5</u> <u>00</u> Hours Minutes Seconds	
a. Certain <input checked="" type="radio"/> b. Fairly certain c. Not very sure d. Just a guess	
5.1 How was time in sight determined? <u>Watch</u>	
5.2 Was object in sight continuously? Yes <input checked="" type="checkbox"/> No _____	
6. What was the condition of the sky? DAY NIGHT a. Bright <input checked="" type="checkbox"/> b. Bright b. Cloudy b. Cloudy	
7. If you saw the object during DAYLIGHT, where was the SUN located as you looked at the object? (Circle One): a. In front of you b. In back of you c. To your right d. To your left e. Overhead f. Don't remember	

B. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

B.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

B.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vague
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

Electric lamp I saw

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other _____

(Circle One for each question)

	Yes	No	Don't know
a. Appear to stand still at any time?	Yes	No	Don't know
b. Suddenly speed up and rush away at any time?	Yes	No	Don't know
c. Break up into parts or explode?	Yes	No	Don't know
d. Give off smoke?	Yes	No	Don't know
e. Change brightness?	Yes	No	Don't know
f. Change shape?	Yes	No	Don't know
g. Flash or flicker?	Yes	No	Don't know
h. Disappear and reappear?	Yes	No	Don't know

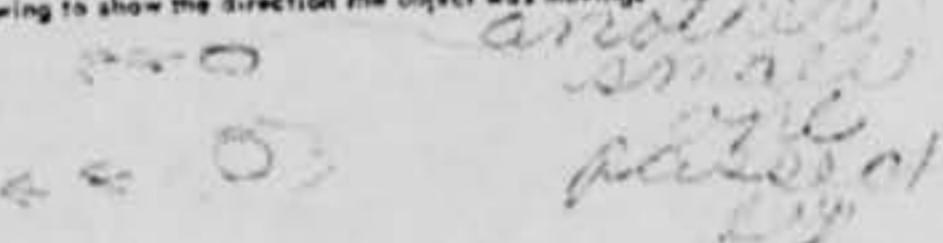
14. Did the object disappear while you were watching it? If so, how?
*It just disappeared out of sight
 there were no clouds in that direction.*

15. Did the object move behind something at any time, particularly a cloud?
 (Circle One): Yes No Don't Know. If you answered YES, then tell what it moved behind:

16. Did the object move in front of something at any time, particularly a cloud?
 (Circle One): Yes No Don't Know. If you answered YES, then tell what it moved in front of:

17. Tell in a few words the following things about the object:
 a. Sound *no sound*
 b. Color *white*

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?
3/4

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.


20. Do you think you can estimate the speed of the object? (Circle One) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
IF you answered YES, then what speed would you estimate? <u>100 mph</u>					
21. Do you think you can estimate how far away from you the object was? (Circle One) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
IF you answered YES, then how far away would you say it was? _____					
22. Where were you located when you saw the object? (Circle One): <ul style="list-style-type: none"> <input type="checkbox"/> a. Inside a building <input type="checkbox"/> b. In a car <input type="checkbox"/> c. Outdoors <input type="checkbox"/> d. In an airplane (type) <input type="checkbox"/> e. At sea <input type="checkbox"/> f. Other _____ 	23. Were you (Circle One) <ul style="list-style-type: none"> <input type="checkbox"/> a. In the business section of a city? <input type="checkbox"/> b. In the residential section of a city? <input type="checkbox"/> c. In open countryside? <input type="checkbox"/> d. Near an airfield? <input type="checkbox"/> e. Flying over a city? <input type="checkbox"/> f. Flying over open country? <input type="checkbox"/> g. Other _____ 				
24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:					
24.1 What direction were you moving? (Circle One)					
a. North b. Northeast	c. East d. Southeast	e. South f. Southwest	g. West h. Northwest		
24.2 How fast were you moving? _____ miles per hour.					
24.3 Did you stop at any time while you were looking at the object? (Circle One) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
25. Did you observe the object through any of the following?					
a. Eyeglasses b. Sun glasses c. Windshield d. Window glass	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>	a. Binoculars b. Telescope c. Theodolite d. Other _____	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>
26. In order that you can give us as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.					
<i>Lighter than air object with</i> <i>Red light at one end</i> <i>and white at other end</i>					

color - red, and purple,
Stay light in color at one
- red & purple could
purple distinguish this

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30. Have you ever seen this, or a similar object before. If so give date, place and location.

NO

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes No

31.2 Please list their names and addresses

32. Please give the following information about yourself.

NAME _____

Middle Name _____

ADDRESS _____

City _____ State _____ Zip _____

TELEPHONE NUMBER _____

AGE 17 SEX Male

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. Whom and to whom did you report that you had seen the object?

Day _____ Month _____ Year _____

No one

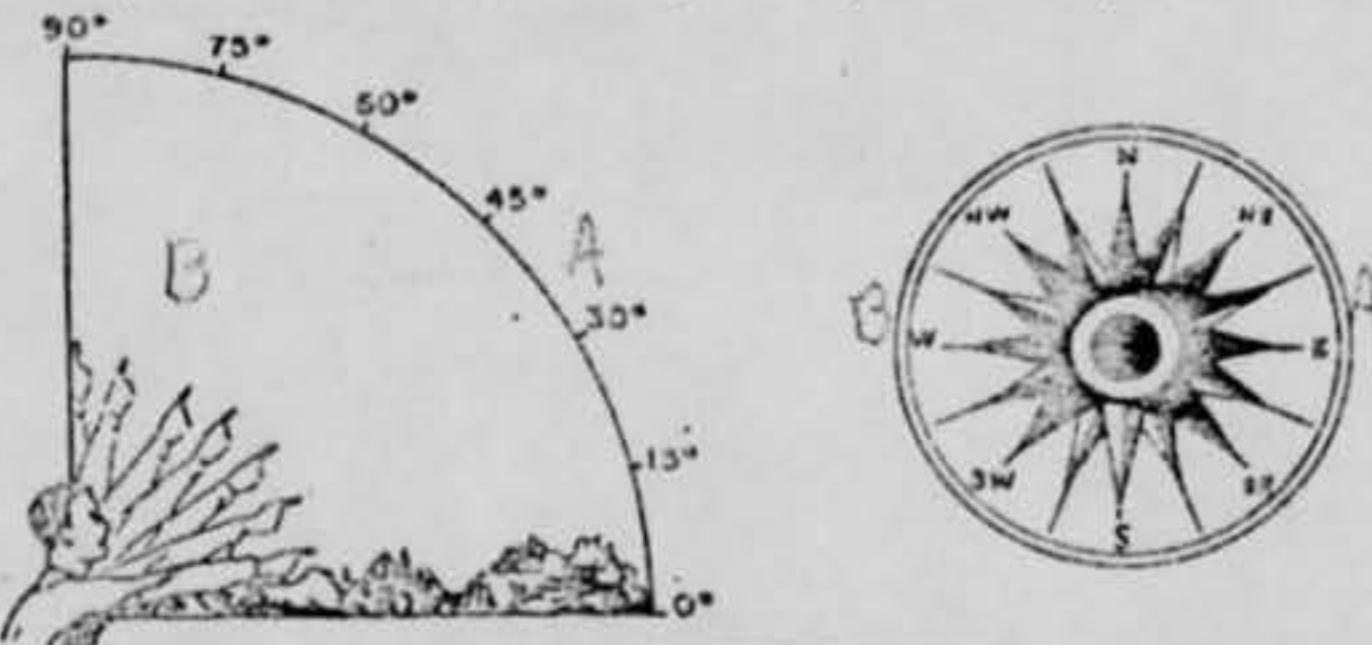
34. Date you completed this questionnaire

Day 17 Month 1 Year 69

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

The object just stood
there and started
moving very slowly and
took about 5 minutes to
move over a small area
Then while a smaller
object shot across and

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass when you last saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

*A to B
E north. An object was*

29. If there was MORE THAN ONE object, then how many were there? _____
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

